



**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF SAFE DRINKING WATER  
TECHNICAL REVIEW FORM**

**CHLORINATION  
(N.J.A.C. 7:10-11.16)**

\_\_\_\_\_  
Water Purveyor

\_\_\_\_\_  
PWSID#

\_\_\_\_\_  
Municipality

Type of Chlorination:      ☐ Gas      ☐ Hypochlorite      ☐ Other:

Make and Model of Feed System: \_\_\_\_\_

Capacity:

Control of Operation: \_\_\_\_\_ Design Chlorine Residual:

Chlorine Contact Time: \_\_\_\_\_ minutes provided via

**General Information**

	YES	NO	N/A
1. Is chlorination the last form of treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the chlorine treatment system designed to provide sufficient disinfection of the water within the treatment plant with one treatment unit out of service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is a comparator suitable for determining chlorine residual by the D.P.D. method in accordance with Part 4500CL-G of Standard Methods for the Examination of Water and Wastewater and supplies of the necessary reagents provided for measuring chlorine residuals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is a room heater provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If ammonia is added in conjunction with chlorine for chloramine disinfection, is the ammonia treatment separated from the chlorination system so that the ammonia and chlorine gases do not mix?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Chlorine Contact Time**

1. Are the chlorination facilities designed to produce the following minimum chlorine residuals based on the pH level:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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pH level	Available Chlorine Residual (ppm)	
	Free	Combined
Up to 7.0	0.2	1.0
7.0 to 8.0	0.3	1.5
Over 8.0	0.4	2.0

	YES	NO	N/A
2. For chlorination facilities which treat ground water sources, is a minimum chlorine contact time of 5 minutes provided to produce the above required free chlorine residual or 30 minutes to produce the above required combined chlorine residual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. For chlorination facilities which treat surface water or ground water under the direct influence of surface water, is a minimum chlorine contact time of 30 minutes provided to produce the above required free chlorine residual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Gas Chlorinators

1. Is the chlorination system of the solution feed type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the chlorination system located in an above-grade separate room with an outside entrance only?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the chlorine room equipped with proper ventilation including an exhaust fan located near floor level with an outside switch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the chlorine room equipped with an outward opening door with panic hardware (i.e. pushbar on the inside of the door)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is an automatic chlorine leak alarm or an observation window to facilitate visual inspection of the chlorine room without opening the door of the chlorine room provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is an ammonia solution available for testing chlorine leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are a minimum of 2 chlorine cylinders interconnected by a manifold and valved to permit rapid changeover provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. For those facilities which do not have 24 hour supervision, is an automatic switchover valve provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are scales provided for determining the weight loss in each chlorine cylinder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the water supplied to the chlorinator protected against backsiphonage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the rotameter properly sized to prevent abnormally high chlorine application? Rotameter capacity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is a gas mask stored in a readily accessible location provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is an automatic chlorinator with chlorine residual recorders and an alarm system to indicate chlorine failure provided for surface water systems and			

systems which do not meet State microbiological standards?

☐ ☐ ☐

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Project No. W-\_\_\_\_-\_\_\_\_-

YES NO N/A

### Hypochlorinators

1. Has a Technical Review Form for Chemical Handling and Feeding been prepared for the chlorine feed?

☐ ☐ ☐

2. Is a positive displacement type pump used?

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### Ozonators and Chlorine Dioxide Generators

1. Is post chlorination via gas chlorine or sodium hypochlorite provided?

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2. Is equipment used for ozonation durable and corrosion resistant?

☐ ☐ ☐

3. If chlorine dioxide is used, is sodium chlorite injected into the discharge line of the solution feed chlorinator with the formation of chlorine dioxide in a reaction chamber?

☐ ☐ ☐

4. Does the maximum chlorine dioxide feed rate exceed 1.5 mg/l?  
Maximum feed rate:

☐ ☐ ☐

5. Is each chlorine dioxide generator at least 95% efficient in producing chlorine dioxide?

☐ ☐ ☐

6. Is a comparator suitable for determining chlorine residual by the D.P.D. method in accordance with Part 4500-C102D of Standard Methods for the Examination of Water and Wastewater and supplies of the necessary reagents provided for measuring chlorine residuals?

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\*\*\*Submit appropriate engineering plans, specifications, reports, etc. to substantiate your answers. \*\*\*

I hereby certify that answers provided herein are accurate and reflective of the project being considered for approval.

Signature of Engineer  
Professional Engineer's Embossed Seal

Date

N.J.P.E. #

Type or Print Name of Engineering Firm

